

Civil Action No. 3:18-cv-00110-L

## PROOF OF SERVICE

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Charles H Kable et al. served on U.S. Attorney General  
 was received by me on *(date)* 02/12/2018.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 950 Pennsylvania Ave NW,  
 Washington DC, 20530-0001

My fees are \$ 11.44 for travel and \$ \_\_\_\_\_ for services, for a total of \$ 11.44.

I declare under penalty of perjury that this information is true.

Date: 02/22/2018

*Ahmed M. Mohamed*  
 \_\_\_\_\_  
*Server's signature*

Ahmed M. Mohamed, Trial Attorney  
 \_\_\_\_\_  
*Printed name and title*

453 New Jersey Ave SE, Washington DC 20003

*Server's address*

Additional information regarding attempted service, etc:

[Print](#)

[Save As...](#)

[Reset](#)

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Office of the  
Attorneys General  
U.S. Department of Justice  
950 Pennsylvania Ave, NW  
Washington, D.C. 20530-0001*

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Doe*

X

Agent  
 Addressee

B. Received by (Printed Name) *FFF*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

7017 0190 0000 2552 8665

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ \_\_\_\_\_
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

Total Postage and Fees

\$

11.44

Sent To

OFFICE OF AG DALLAS

Street and Apt. No., or PO Box No.

150 Pennsylvania Ave NW

City, State, ZIP+4 Washington DC 20530-0001

Postmark  
Here

Civil Action No. 3:18-cv-00110-L

## PROOF OF SERVICE

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* Charles H Kablewas received by me on *(date)* 02/12/2018. I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or I returned the summons unexecuted because \_\_\_\_\_; or Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 935 Pennsylvania Ave NW,  
Washington DC 20535My fees are \$ 11.44 for travel and \$ \_\_\_\_\_ for services, for a total of \$ 11.44.

I declare under penalty of perjury that this information is true.

Date: 02/22/2018 \_\_\_\_\_ Ahmed M. Mohamed  
\_\_\_\_\_  
*Server's signature*Ahmed M. Mohamed, Trial Attorney  
\_\_\_\_\_  
*Printed name and title*453 New Jersey Ave SE Ave, Washington DC, 20003  
\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ \_\_\_\_\_
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage

\$

Total Postage and Fees

\$

11.44

Sent To

Charles H. Table, IV Dallas  
Street and Apt. No., or PO Box No.

135 Pennsylvania Ave NW  
City, State, ZIP+4  
Washington DC 20535

**Track Another Package +**

**Tracking Number:** 70170190000025528658

[Remove X](#)

**Expected Delivery on**

**MONDAY**

**12** FEBRUARY  
2018 i by  
**8:00pm** i

 **Delivered**

February 12, 2018 at 4:26 am  
Delivered  
WASHINGTON, DC 20535

[Get Updates](#) ▼

---

**Text & Email Updates** ▼

---

**Tracking History** ▼

---

**Product Information** ▼

[See Less](#) ^

**Can't find what you're looking for?**  
How can I help you?

Go to our FAQs section to find answers to your tracking questions.

Civil Action No. 3:18-cv-00110-L

## PROOF OF SERVICE

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Christopher Wray  
 was received by me on *(date)* 02/12/2018.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 935 Pennsylvania Ave NW,  
 Washington DC, 20535-0001

My fees are \$ 11.44 for travel and \$ \_\_\_\_\_ for services, for a total of \$ 11.44.

I declare under penalty of perjury that this information is true.

Date: 02/22/2018*Ahmed M. Mohamed**Server's signature*Ahmed M. Mohamed, Trial Attorney*Printed name and title*453 New Jersey Ave SE, Washington DC, 20003*Server's address*

Additional information regarding attempted service, etc:

## SENDER: COMPLETE THIS SECTION

- Complete items 2, 3 & 4. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Christopher Wray  
 Director of the FBI  
 935 Pennsylvania Ave, NW  
 Washington DC 20535-0001

2. Article Number  
 (Transfer from service label)

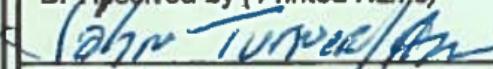
7017 0190 0000 2552 8634

## COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)



C. Date of Delivery

2-12-1

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ \_\_\_\_\_
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

11.44

Total Postage and Fees

\$

11.44

Sent To

Christopher Wray, Dallas

Street and Apt. No. or PO Box No.

935 Pennsylvania

City, State ZIP+4

Washington DC 20535-0001

Postmark  
Here



Civil Action No. 3:18-cv-00110-L

## PROOF OF SERVICE

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* David P. Pekoskewas received by me on *(date)* 02/12/2018. I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or I returned the summons unexecuted because \_\_\_\_\_; or Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 601 12th St. S, Arlington VA, 20598My fees are \$ 11.44 for travel and \$ \_\_\_\_\_ for services, for a total of \$ 11.44.

I declare under penalty of perjury that this information is true.

Date: 02/22/2018 \_\_\_\_\_ Ahmed M. Mohamed  
\_\_\_\_\_  
*Server's signature*Ahmed M. Mohamed, Trial Attorney  
\_\_\_\_\_  
*Printed name and title*453 New Jersey Ave SE, Washington DC, 20003  
\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ \_\_\_\_\_
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage

\$

Total Postage and Fees

\$

11.44

Sent To

David P. Petoske On/Off  
Street and Apt. No., or PO Box No. 601 12th St. S.

City, State, ZIP+4®

Arlington, VA 20598

## Track Another Package +

Tracking Number: 70170190000025528641

Remove X

Your item has been delivered to the mail room at 6:13 am on February 12, 2018 in DHS, VA 20598.

### Delivered

February 12, 2018 at 6:13 am  
Delivered, To Mail Room  
DHS, VA 20598

Get Updates ▼

---

Text & Email Updates



---

Tracking History



---

Product Information



See Less ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<http://faq.usps.com/?articleId=220900>)  
How can I help you?

Civil Action No. 3:18-cv-00110-L

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Deborah Moore  
was received by me on *(date)* 02/12/2018.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 601 12th St. S, Arlington VA, 20598

My fees are \$ 11.44 for travel and \$ \_\_\_\_\_ for services, for a total of \$ 11.44.

I declare under penalty of perjury that this information is true.

Date: 02/22/2018*Ahmed M. Mohamed**Server's signature*Ahmed M. Mohamed, Trial Attorney*Printed name and title*453 New Jersey Ave SE, Washington DC, 20003*Server's address*

Additional information regarding attempted service, etc:

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ \_\_\_\_\_
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

Total Postage and Fees

\$

11.44

Sent To

Deborah Moore Dallas  
Street and Apt. No. or PO Box No.  
601 12th St. S.

City, State, ZIP+4

Arlington VA 20598

Postmark  
Here

**Track Another Package +**

**Tracking Number:** 70170190000025528672

Remove X

Your item has been delivered to the mail room at 6:13 am on February 12, 2018 in DHS, VA 20598.

 **Delivered**

February 12, 2018 at 6:13 am  
Delivered, To Mail Room  
DHS, VA 20598

**Get Updates** ▼

---

**Text & Email Updates** ▼

---

**Tracking History** ▼

---

**Product Information** ▼

---

**See Less** ^

**Can't find what you're looking for?**

Go to our FAQs section to find answers to your tracking questions.

[FAQs](http://faq.usps.com/?articleId=220900) (<http://faq.usps.com/?articleId=220900>)  
How can I help you?

Civil Action No. 3:18-cv-00110-L

## PROOF OF SERVICE

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Charles H Kable et al. served on U.S. Attorney  
 was received by me on *(date)* 02/12/2018.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: Certified mail, return receipt requested; restricted delivery: 1100 Commerce Street, Third  
 Floor, Dallas TX, 75242

My fees are \$ 11.44 for travel and \$ \_\_\_\_\_ for services, for a total of \$ 11.44.

I declare under penalty of perjury that this information is true.

Date: 02/22/2018*Ahmed M. Mohamed**Server's signature*Ahmed M. Mohamed, Trial Attorney*Printed name and title*453 New Jersey Ave SE, Washington DC, 20003*Server's address*

Additional information regarding attempted service, etc:

**Print****Save As...****Reset**

## SENDER: COMPLETE THIS SECTION

Filed 02/23/18 Page 17 of 18 PageID 317

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *United States  
Attorneys  
1100 Commerce Street,  
Third Floor  
Dallas, Texas 75242-1699*

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*X* Agent Addressee

B. Received by (Printed Name)

*A. Nowlin*

C. Date of Delivery

*02/23/88*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7017 0190 0000 2552 8610

U.S. Postal Service  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ \_\_\_\_\_
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

Total Postage and Fees

\$

11.44

Sent To

US Attorney Dallas  
Street and Apt. No., or PO Box No.  
1100 Commerce Street FWD F1.  
City, State, ZIP+4  
Dallas Texas 75242

Postmark  
Here